

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 09/820465	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51
2		/					52
3		/					53
4		/					54
5		/					55
6	/						56
7		/					57
8		/					58
9		/					59
10		/					60
11		/					61
12		/					62
13		/					63
14		/					64
15		/					65
16		/					66
17		2					67
18	/						68
19		/					69
20	/	/					70
21	/						71
22		/					72
23		/					73
24		/					74
25	/						75
26		/					76
27		/					77
28		/					78
29	/						79
30		/					80
31	/						81
32		/					82
33		/					83
34		2					84
35	/						85
36	/						86
37	/						87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep	10						Total Indep
Total Depend	29						Total Depend
Total Claims	39						Total Claims